

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm		9/9/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<del>28</del>	TC 886	10-23-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/6/03
2	✓	✓	5/12/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	0	✓	
10	0	✓	
11	0	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	0	✓	
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43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	0	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	12/6/03
52	✓	✓	5/12/04
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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